

FSCS Professional Development Conference
December 9-11, 2002
New SDCs December 8, 2002
REGISTRATION FORM
(All Participants to return Registration Form)

- ☐ Yes, I plan to attend the meeting. ☐ No, I will be unable to attend the meeting.
- ☐ Census, IMLS, NCES, NCLIS employee
- ☐ SDC's Attending the New State Data Coordinator session on Sunday, December 8

Please print/type your information:

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

Hotel Accommodations

A block of sleeping rooms has been reserved at the Sunburst Hotel 4925 North Scottsdale Road, Scottsdale, AZ 85215; (480) 945-7666 (T); (480) 946-4056 (F). Check-In Time: 3:00 p.m. Check-Out Time: 12:00 p.m. When we receive your registration, a sleeping room will be reserved in your name. Your confirmation number will be sent to you prior to the meeting.

The hotel will honor the government rate at your own expense beyond the conference dates should you wish to stay until Sunday, December 15.

To reserve your room before the cut off date, please return this registration form **no later than Friday, November 1**. After **Friday, November 1, 2002**, we cannot guarantee you a room. Single room charges at the government rate for sponsored participants will be billed directly to the DB Consulting master account. Accommodations over and above the single per diem allowance will be billed to, and be the responsibility of, the participant at the time of checkout. **In the event you must cancel your reservation after Monday, December 2, please contact the hotel at (480) 945-7666, referencing your confirmation number.**

Arrival Date: _____ Departure Date: _____

☐ Non-smoker ☐ Smoker ☐ Single ☐ Double

Please note any special room requirements you may have. _____

Please note any special meal requirements you may have. _____

Please fax this form by **Friday, November 1 to:**

Hazel Williams @ 301-589-4122

DB Sponsored Travel FAX Form**Fax ASAP to: Research Travel at 301-294-6208****Remit by Friday, November 1, 2002****Task number - 028-004****Sponsored Travel**

After you have contacted Research Travel an itinerary will be emailed to you. Once approved a confirmation number/itinerary will be sent to you as your electronic ticket. If you have any problems, please contact Hazel Williams, T. (301) 589-4020 x122; F. (301) 589-4122;
email: hwilliams@dbconsultinggroup.com

Registrant Information*Please print or type*

Name: _____

Organization: _____

Street: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

Fax: _____

Travel Information*Travel to Scottsdale, AZ*

Depart From: _____

(city/airport)

Day: _____

Date: _____

Departure Time Range: From: _____

To: _____

Travel from Scottsdale, AZ

Depart For: _____

(city/airport)

Day: _____

Date: _____

Departure Time Range: From: _____

To: _____

Comments/Special Requests: _____

PLEASE KEEP ALL ORIGINAL DOCUMENTATION

Please finalize travel arrangements five weeks before your travel date.